

PUBLIC EMPLOYMENT RELATIONS COMMISSION
 Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY
 Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919
 (360) 753-3444

DO NOT WRITE IN THIS SPACE

PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

[] Amended Petition in Case _____ -E- _____

Instructions: See other side of this form.

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER Washington State Patrol

CONTACT PERSON Eva Santos, Labor Relations
ADDRESS P.O. Box 43113
CITY/STATE Olympia, WA **ZIP** 98504
TELEPHONE (360) 725-5150 EXT. **FAX** (360) 902-0414

ATTORNEY or REPRESENTATIVE Juliet Jones, WSP
ADDRESS P.O. Box 42600
CITY/STATE Olympia, WA **ZIP** 98504
TELEPHONE (360) 753-5347 EXT. **FAX** (360) 753-0268

2. PETITIONER Washington Public Employees Association

CONTACT PERSON Leslie Liddle, Executive Director
ADDRESS 140 Percival ST NW
CITY/STATE Olympia, WA **ZIP** 98502
TELEPHONE (360) 943-1121 EXT. **FAX** (360) 357-7627

ATTORNEY or REPRESENTATIVE Herb Harris, Organizer
ADDRESS P.O. Box 7159
CITY/STATE Olympia, WA **ZIP** 98507
TELEPHONE (360) 943-1121 EXT. **FAX** (360) 357-7627

3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:

☒ The employees involved are not currently represented for bargaining; or

[] The employees involved are currently represented by:

ORGANIZATION _____

CONTACT PERSON _____
ADDRESS _____
CITY/STATE _____ **ZIP** _____
TELEPHONE (_____) _____ EXT. _____ FAX (_____) _____

ATTORNEY or REPRESENTATIVE _____
ADDRESS _____
CITY/STATE _____ **ZIP** _____
TELEPHONE (_____) _____ EXT. _____ FAX (_____) _____

4. COLLECTIVE BARGAINING AGREEMENT Indicate:

☒ There has never been an agreement covering the employees involved; or

[] A copy of the current (or most recent) agreement is attached.

5. SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.

6. BARGAINING UNIT

a. EMPLOYER'S PRINCIPAL BUSINESS

State Government

b. DEPARTMENT OR DIVISION INVOLVED

Several-See Description

c. DESCRIPTION OF BARGAINING UNIT Indicate inclusions/exclusions, contract page or case/decision number:

Included: All Supervisors of the Fire Protection Bureau, Budget and Fiscal Services, Field Operations Bureau and Fleet.

Excluded: All Non-Supervisors, confidential employees, WMS and supervisors in other bargaining units.

d. NUMBER OF EMPLOYEES IN BARGAINING UNIT 9

7. DESIGNATION OF REQUEST Indicate:

☒ **RECOGNITION REQUEST.** The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.

[] **CHANGE OF REPRESENTATIVE.** The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.

[] **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.

[] **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.

[] **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

8. OTHER RELEVANT FACTS Indicate, if applicable:

[] Additional information is set forth on separate sheets attached to this petition form.

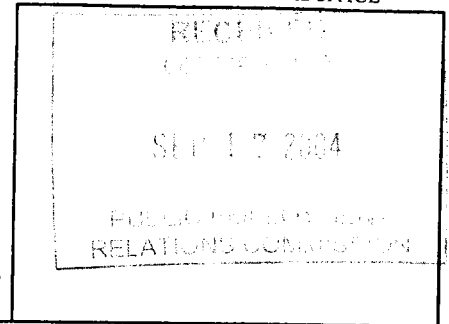
9. AUTHORIZED SIGNATURE FOR PETITIONER

NAME (PRINT) Herb Harris

SIGNATURE _____

TITLE Organizer

DATE 9/17/04



Washington Public Employees Association, UFCW Local 365

OLYMPIA HEADQUARTERS

140 Percival Street NW
P.O. Box 7159, Olympia, WA 98507
(360) 943-1121 1-800-544-WPEA
Fax: (360) 357-7627 wpea@wpea.org

EASTERN REGIONAL OFFICE

N. 4407 Division Street, Suite 514
Spokane, WA 99207
(509) 483-0383 1-877-734-WPEA
Fax: (509) 483-0264 wpeaeast@wpea.org

NORTHWEST REGIONAL OFFICE

18820 Aurora Avenue N., Suite 204
Shoreline, WA 98133
(206) 542-2690 1-877-901-WPEA
Fax: (206) 542-1735 luis@wpea.org

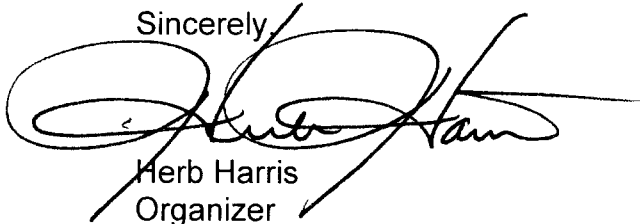
September 17, 2004

Eva Santos, Director Labor Relations
Office of Financial Management
PO Box 43113
Olympia, WA 98504

Dear Ms. Santos:

This letter and enclosed petition is to inform you that we are filing a petition for representation with the Public Employment Relations Commission for a group of Supervisors at the Washington State Patrol.

Sincerely,



Herb Harris
Organizer

Washington Public Employees Association, UFCW Local 365

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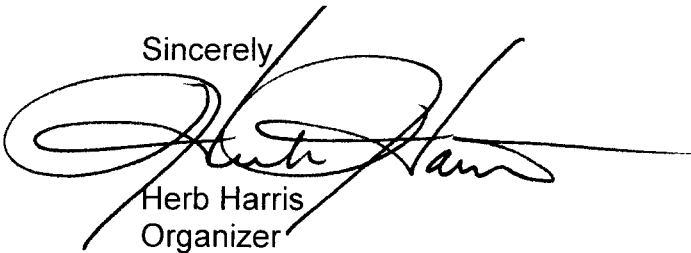
September 17, 2004

Juliet Jones, Legal Officer
Washington State Patrol
PO Box 42600
Olympia, WA 98504

Dear Ms. Jones

This letter and enclosed petition is to inform you that we are filing a petition for representation with the Public Employment Relations Commission for the supervisory employees in the Fire Protection Bureau, Budget and Fiscal Services, Field Operations Bureau and Fleet of the Washington State Patrol.

Sincerely,



Herb Harris
Organizer

Washington Public Employees Association, UFCW Local 365

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As per PERC Commission requirements and WAC 391-08-120(4), I, Herb Harris, WPEA Organizer, do certify that the following facts regarding servicing of the Petition for the Washington State Patrol employees is true.

On September 17, 2004, I deposited in the United States mail, properly stamped and addressed, a copy of the petition to Eva Santos, Director, Labor Relations, OFM; Juliet Jones, Legal Officer, Washington State Patrol. To the best of my knowledge and belief these are the representatives of the other party that would need to be notified to fulfill our obligations under WAC 391-08-120(4).

Signed September 17, 2004 by

Herb Harris, WPEA Organizer


Signature